

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212525091					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Integrated Justice Information Systems Institute, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: STEVEN AMBROSINI 44983 KNOLL SQUARE ASHBURN, VA 20147</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2012</p> <p>SCC ID NO: F1795931</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 44983 KNOLL SQUARE CITY/ST/ZIP: ASHBURN, VA 20147 </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Matthew D'Alessandro TITLE: PRESIDENT ADDRESS: 1255 Sanders Hill Circle CITY/ST/ZIP/CO: Sandy, UT 84094 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: Matthew D'Alessandro TITLE: PRESIDENT ADDRESS: 1255 Sanders Hill Circle CITY/ST/ZIP/CO: Sandy, UT 84094	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Davis DIRECTOR 10401 Linn Station Road Louisville, KY 40223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Dillon DIRECTOR 4075 Wilson Blvd, Suite 900 Arlington, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Frank Felice DIRECTOR 843 South 100 West Logan, UT 84321	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Paat DIRECTOR 565 Metro Place South, Suite 300 Dublin, OH 43017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Betty Kelepecz DIRECTOR 1220 Rosencrans Street, Suite 901 San Diego, CA 92106	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Usery SECRETARY 9780 Mt. Pyramid Court, Suite 250 Englewood, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Steven Ambrosini SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Steven Ambrosini, DIRECTOR PRINTED NAME AND CORPORATE TITLE	7/3/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			